

University of Alberta

Seniors Association of Greater Edmonton: survey of members' profile and benefits
of membership

by

Peyman Azad Khaneghah

A thesis submitted to the Faculty of Graduate Studies and Research
in partial fulfillment of the requirements for the degree of

Master of Science

in

Rehabilitation Science-Occupational Therapy

Faculty of Rehabilitation Medicine

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Fall 2012

Edmonton, Alberta

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Abstract

Objectives: To evaluate the demographic characteristics and service needs and usage of members of the Seniors Association of Greater Edmonton (Sage). **Methods:** Four hundred Sage members were randomly selected from the Sage members' list and contacted to participate in a telephone survey. One hundred and forty eight people responded. **Results:** The majority of the respondents were female, between 70 and 90 years of age, with at least 12 years of education. Most of the respondents lived alone and did not work in paid employment. The majority of the respondents had not used the whole range of Sage programs and services. Results suggest relationships between participation in programs and seniors age and gender. Very few respondents had used their membership benefits. **Conclusion:** Not all current programs and services are needed by the majority of current Sage members. Further studies are recommended to identify needs of current members and profile of non-members.

Acknowledgement:

I would like to thank my supervisor Dr. Vivien Hollis whose knowledge and patience helped the smooth progression of this project. It was a true honor for me to work under her supervision.

Sincere thanks to my supervisory committee at Faculty of Rehabilitation Medicine University of Alberta, Dr. Sharon Warren and Dr. Tammy Hopper, for their guidance and advice.

I would like to express my gratitude to Mr. Roger Laing and Ms. Karen McDonald who supported us in all stages of this project.

Finally, grateful thanks to all Sage volunteers and members who generously devoted their time to us, without them this project could never be a success.

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Chapter 1. Introduction

1.1. Background

The contemporary approach to geriatric care is to help seniors age in place (Trickey, Gillespie, & Farley, 2008). In this approach seniors are assisted with their daily routines and needs such as housekeeping, nutrition, and even health care while they live in their homes (Hooyman & Kiyak, 2002). To establish whether these services are effective, efficient, and target the needs of seniors, they need to be evaluated. Program evaluation is a systematic process of collecting, analyzing, and reporting data about a program that will help in making critical decisions (Porteous, Sheldrick, & Stewart, 1997). Program evaluation is widely used as an essential part of evidence based practice in health and social sciences (Letts et al., 1999).

1.2. Introduction of the organization

Seniors Association of Greater Edmonton (Sage) is a not for profit organization, established in 1970, that offers a wide range of services, programs and activities of interest to older adults living in the city of Edmonton. Services offered by Sage include housing, guardianship, social work, home services, foot care and flu clinic, and a legal clinic. Programs include but are not limited to multicultural outreach, life enrichment, and tax preparation.

Sage programs and services are available to all seniors living in Edmonton. Seniors can become Sage members by paying an annual membership fee, which then enables them to take advantage of membership benefits. The benefits are discounts on clubs registration fees, access to Sage movie club, discounts on one-day trip registration fees, and receiving Sage newsletter (LINK) for free. Sage has more than 1000 members who support the organization through financial donations, membership fees, and volunteer work.

Despite their important role in the organization, very little information is available on Sage members' social and economic background, interests, or needs. Moreover, it is not known if Sage

members are familiar with the range of programs and services provided by Sage, if they use any of the programs and services, and how satisfied they are with services they have used. This information is essential for Sage to provide programs, services, and benefits that are most needed by seniors. A primary purpose of this study was to evaluate the membership program, specifically to develop a profile of Sage members, and to determine their perspectives on Sage programs and services.

Chapter 2. Literature Review

2.1. History of geriatric care in Canada

Geriatric care in Canada has a long and interesting history. The country's policies for helping the poor and the sick have been influenced by the background of its earlier European settlers (Forbes, Jackson, & Kraus, 1987). Before 1800, older adults were cared for by their own families and the government provided no support for older adults who had no relatives or who were very ill. During this time in Lower Canada (modern-day province of Quebec and the Labrador region of the modern day province of Newfoundland and Labrador), private philanthropy and the Roman Catholic Church provided care for those who had no relatives to look after them and who were sick and poor. This care was provided regardless of age but was limited. In 1801 the provincial legislature granted one thousand pounds per year for three years to support religious foundations that provided support for those in need. The grant was renewed in 1804 and continued with a periodic increase in the amount. In 1818 the legislature of Lower Canada established a house of industry in Montreal. Very similar to the workhouses in England and Wales, they were used to provide labour for the unemployed regardless of their age (Strong, 1930).

In Upper Canada (the modern-day province of Ontario) the municipal council was in charge of providing relief for the sick and the poor. The council, however, provided welfare only after rigorous investigation of the assets and earning possibilities of the applicants. If the poor person had no relatives and was able to work, the council would send him to live with a family as a boarder to help the family with household chores and in looking after their children. Those who were not able to work because of poor physical condition or mental illness would reside in local prisons. Although many officials were not happy with these situations, suggestions for building a poorhouse or a house of refuge were rejected as an unnecessary expense (Johnson, 1973). Finally

in 1837 the government of Upper Canada granted permission for the building and maintenance of houses of industry in the province at public expense. Known also as houses of refuge, until the twentieth century they were the only institutions available for the old and frail who did not have any relatives to look after them or who were very poor.

In early 1900 there was a growing need for convalescent and chronic care hospitals. Because of the improvements in medical science, more people lived longer, often with concomitant disability or a chronic disease (Forbes et al., 1987). Society became aware that houses of refuge and work houses were not able to meet the demand of this growing segment of the population; thus, chronic and convalescent units gradually started to operate in some hospitals and later more convalescent facilities were built. By 1942 there were about 31 voluntary and 136 private hospitals or nursing homes in Canada providing chronic care and convalescent beds. Many of these centers provided limited services such as food, shelter, and minimal nursing care. There was still no insurance for the unemployed, the sick, and the aged and they were responsible for paying the expenses for their own care (Forbes et al., 1987).

The major expansion of institutional Long Term Care in Canada happened after the Second World War. In 1957 the Federal Hospital Insurance and Diagnostic Services Act was passed (Gelber, 1980), which required the provinces to provide inpatient hospital services. These services included chronic and convalescent care. By 1969 there were more than 15,500 beds in chronic care, rehabilitative, and convalescent hospitals in Canada (Forbes et al., 1987). In 1966, through the Canada Assistance Plan (CAP), the federal government shared in paying the cost for several programs, which included old age homes. The above financial and legislative incentives resulted in the growth of Long Term Care facilities throughout Canada.

2.2. Geriatric care today

Today the concepts and approaches to geriatric care have changed dramatically. Chan and Kenny (2001) define the current concept of Long Term Care in Canada as follow:

Long Term care is an umbrella concept used in Canada for describing a complex service delivery system... for people who have, or are at significant risk of having progressive or/and chronic conditions, and who require services to meet their long-term functional needs (p.87).

There are three components in modern Canadian Long Term care: Institutional care, community care, and home based services. As each provincial government has ultimate responsibility for the regulation and delivery of health care within its geographic jurisdiction (Bergman, Hogan, McCracken, & Patterson, 1997) there are differences in the range and balance of these components in each province. Different terminology may also be used in each province for geriatric services. For example In Alberta, Long Term Care refers to institutional care and Continuing Care refers to the overall system (Chan & Kenny, 2001).

In addition to long term care facilities, there are other services available for seniors who do not need or want to live in an institution. Seniors' Centers, Seniors' Day Care, Assisted Living, and Home Based Care are other programs available to help seniors with their daily life while they live in their homes. These programs provide a wide range of services such as health and wellness, art and leisure activities, employment assistance, transport services, volunteering opportunities, financial assistance, legal advice, and meal and nutrition programs (Dal Santo, 2009). The regulations and services available differ across provinces.

2.3. Evaluation of health and social care services

Evaluation of healthcare programs has become an essential part of evidence-based practice in health and social care services (Letts et al., 1999) and is used in different areas such as health

promotion and disease prevention (Stewart, Law, Russell, & Hanna, 2004). There is no one agreed upon definition for program evaluation (Horne, 1995). Posavac and Carey (1997), for example, define program evaluation as the following:

“...a collection of methods, skills, and sensitivities necessary to determine whether a human service is needed and likely to be used, whether the service is sufficiently intensive to meet the unmet needs identified, whether the service is offered as planned, and whether the service actually does help people in need at a reasonable cost without unacceptable side effects” (p.2).

Program evaluation can be classified in different ways, based on the purpose of the evaluation. Horne (1995) classifies evaluations as process evaluation, impact evaluation, and outcome evaluation. Posavac and Carey (1997) divide evaluation into four categories: evaluation of need; valuation of process; evaluation of outcome; and evaluation of efficacy. Porteous et al. (1997) view the program development cycle as comprising two main stages: planning and implementation. According to these authors different types of program evaluation can help program managers make better decisions in different stages of the program development cycle. Specifically, needs assessment and feasibility analysis are used in the program planning stage.

Needs assessment provides information about the needs of a particular group of people for which different services or programs are being considered. Feasibility analysis evaluates financial practicality, environmental applicability, cultural acceptability, and/or political viability. In the second stage, implementation, process evaluation and outcome evaluation are used. Process evaluation provides information as to whether programs are working according to the plan. Outcome evaluations, on the other hand, indicate if a program has met its preset outcomes and objectives (Porteous et al., 1997).

Another way of classifying evaluations is based on the type of feedback that they provide. Evaluations that provide information to improve and strengthen the programs are called formative evaluations. Evaluations that provide information to make judgment about the value of a program are called summative evaluations (Chambers, 1994).

In the past, major decisions about program evaluations were made by funders and senior managers working with an external evaluator (Horne, 1995). This approach is no longer accepted in program evaluation and evaluators are strongly recommended to engage all stakeholders of the program in the entire evaluation process. The stakeholders are those people who are personally involved in the program, financially benefit from the program, or whose quality of life is affected by the program (Posavac & Carey, 1997). The evaluation team should include a variety of people who are familiar with the program and have adequate knowledge about it. This means that people representing program clients and service providers should also be included in the evaluation team (Porteous et al., 1997).

2.4. Designs of Evaluations

From a methodological perspective, evaluations can involve quantitative and qualitative approaches (Horne, 1995). The quantitative approach is based on positivist methods and principals, with an emphasis on data that can be counted or quantified (e.g. results of attitude scales, records of monetary costs, and data gathered by standard scales). The evaluation design and data collection procedures are clearly specified in advance. Qualitative approaches are based on constructivism or interpretive science (Horne, 1995). They permit the evaluator to study the selected issues in depth and detail (Patton, 1990). They involve a range of data collection strategies such as unstructured interviews, semi-structured interviews, observations, videotapes, photographs, and documents (Richards & Morse, 2007).

It is common to use mixed method or multi method designs in program evaluation depending on the evaluation questions (Horne, 1995). For example, Lengyel, Zello, Smith, and Whiting (2003) used a mixed method approach to evaluate menus and food service practices provided to 18 long-term care facilities in Saskatchewan. They used close ended and open ended questions in their survey questionnaire, which yielded both quantitative and qualitative data. They also analyzed the menus and recipes using computer software to evaluate if food served to residents contained the nutrients recommended by “Canada’s Food Guide to Healthy Eating” (Lengyel et al., 2003).

Another example of mixed method approach comes from Berry et al. (2009) who used mail survey and focus group interviews to evaluate the effect of televised advertisement on physical activities and fruit and vegetable consumption of 55 years and older residents of Edmonton, Alberta. Although mixed methods designs are common in program evaluations, for the purposes of this study, a quantitative approach was used to answer the research questions.

2.5. Methods of data collection in evaluations

Program evaluators use various data collection methods based on the methodology, design, and objectives. These include interviews, mail surveys, telephone surveys, experimental designs, focus group interviews, and review of the archival records (Cranitch, 2003; Lengyel et al., 2003; Sijuwade, 2001; Letts et al., 1999; Posavac & Carey, 1997).

Telephone surveys have been used in social and health science studies because of lower cost and higher speed compared to face-to-face interviews (Alfred, Marcus, & Crane, 1986; Hawthorne, 2003). The response rate and completion of telephone surveys are higher compared to mail surveys (Hox & De Leeuw, 1994). Another advantage of telephone surveys is that they make it possible to reach people who are not easily accessible because of distance or inclement

weather. In addition, telephone surveys make it possible to conduct and manage a large study such as a nationwide survey from one calling center (Alfred et al., 1986).

The main disadvantage of telephone surveys is that people with severe hearing and/or speech problems cannot participate in these studies. This method is also not appropriate in countries and regions where the majority of the target population is not accessible by phone due to low coverage (Alfred et al., 1986).

Recently, researchers have reported decreased response rates in telephone surveys (Curtin, Presser, & Singer, 2000; Curtin, Presser, & Singer, 2005). Traditional survey methodologists have recommended a minimum response rate of 50% to avoid non-response bias (Groves, 2006). Never-the-less there is little evidence about the direct link between response rate and non-response bias. On the other hand numerous factors such as power of the study, sample size, method of sampling, and development of the questionnaire have been identified as important sources of non-response bias (Curtin et al., 2000; Davern et al., 2010; Groves, 2006; Keeter, Miller, Kohut, Groves, & Presser, 2000).

2.6. Objectives of the Study and research question

This study had three objectives:

- to provide a profile of Sage members
- to evaluate Sage members knowledge, usage, and satisfaction of the programs and services provided by Sage
- to identify required improvements in the membership program

The following research questions were of interest:

- Who are Sage members?
- Why did they join Sage?
- Do Sage members know about the range of programs and services provided by Sage?

- What is Sage members' opinion about Sage programs, services, and membership benefits?
- Is there a relationship between Sage members' usage of programs and their gender, age, education, or annual income?

Chapter 3. Method

3.1. Design

This study was both a formative and summative quantitative evaluation. A semi structured telephone survey was used to provide information about the demographic characteristics of the members, the level of their satisfaction with the current programs and services, and the programs and services that were needed but not available at Sage.

3.2. Sampling

A random sampling method was used for this study. After reviewing the Sage membership list, 822 valid phone numbers were identified. To ensure a representative sample, 127 respondents were needed. To compensate for no responses, wrong numbers, and members who declined participation, 254 phone numbers were randomly selected assuming a response rate of 50%. However in the early stages of the study the researchers observed a response rate of 30%. Therefore, an additional 146 phone numbers were drawn from the sample pool which increased the total sample size to 400 (Bartlett, Kotrlik, & Higgins, 2001; Glass & Hopkins, 2007). The sample size calculations are presented in Appendix 1.

3.2.1. Inclusion criterion.

All seniors who were registered members of Sage were eligible to participate.

3.2.2. Exclusion criteria.

Individuals who were not able to do the following were not eligible to participate:

- Have an interactive phone conversation in English
- Hear the surveyor
- Speak to the surveyor
- Provide answers related to the questions asked in the survey

3.3. Development of the questionnaire

The questionnaire (Appendix 2) was designed by the evaluation team, consisting of University of Alberta investigators, Sage steering committee, and seniors' representatives at Sage. First, in a brain storming session with the Sage steering committee and representatives, topics of interest were identified. In the next step, the University of Alberta research team designed the first draft of the questionnaire which was pilot tested on 10 Sage volunteers. After making the corrections, the questionnaire was reviewed by the Sage steering committee to ensure that it satisfied the study objectives. After the final round of corrections the questionnaire was reviewed and approved by the Human Research Ethics Board (HREB) at University of Alberta.

The questionnaire had six sections and 28 questions about Sage members. It also included questions to evaluate respondents' opinion on 19 programs and services. The first section consisted of semi-structured questions to investigate the following:

- The reason for becoming a Sage member
- How the senior came to know about Sage
- If the senior would suggest Sage membership to others

The second section evaluated the following:

- How familiar the senior was with Sage programs and services
- If the senior had used any of the Sage programs and services
- How satisfied the senior had been with programs/services that he/she had used
- If the senior had any strong positive or negative opinions on any of the Sage programs/services that he/she has used

At the end of section two, two open-ended questions were included to identify other programs and services that respondents would like to access. The third section evaluated if the respondents intended to renew their membership at Sage in the next year and if any particular

programs/services had influenced their decision. The fourth section evaluated how familiar respondents were with Sage members benefits; if they took full advantage of their membership benefits; and what other benefits they would like Sage to provide for its members. The fifth section evaluated the monetary value of Sage membership for the respondents who were planning to renew their membership in the next year. The sixth and final section asked about the demographic information of the respondents.

3.4. Telephone survey procedure

After obtaining ethical approval from the Human Research Ethics Board (HREB) at University of Alberta (Appendix 3), Sage members were informed about the survey by the Sage newsletter (LINK) (Appendix 4). In addition, information notices were displayed in the main lobby, corridors, elevators, and information boards at Sage (Appendix 5). The time period during which the survey was being conducted was mentioned in the information notices. The notices stated that members might be contacted by phone and asked to participate in a survey. The voluntary nature of participation was highlighted.

Survey volunteers received a briefing session from the University of Alberta investigators (Dr. Vivien Hollis and Mr. Peyman Azad) to aim for consistency in interviewing style. The telephone survey was conducted by 12 volunteer surveyors. Surveyors made the phone calls from their homes and at their convenience between 9:00 AM and 8:00 PM. The data collection started in September 2011 and continued for four months.

Volunteers were asked to call each unanswered phone number at least three times. They were also asked to try different hours and days to increase the response rate. On average each interview took 40 minutes. At the beginning of each interview the surveyors read a short script that explained the nature and objectives of the survey. After respondents gave their verbal consent to participate, surveyors asked the questions.

3.5. Data Analysis

The quantitative data was analyzed using SPSS 19 software. Descriptive statistics such as frequency and percentage of the responses were used. The Chi square test for independence was used to investigate the association between responses and respondents' age, gender, annual income, and education. The chi square statistics was chosen as it is appropriate for the analyses of proportions and relative frequencies. The test was used to determine if there was a significant association between two categorical variables (e.g., gender and use of membership benefits). The confidence level was set at 95% (Glass & Hopkins, 2007; Walker, Bisbee, Porter, & Flanders, 2004). The answers to open ended questions and the respondents' comments were summarized in tables and reviewed in order to identify common opinions among the respondents.

Chapter 4. Results

From the initial 400 members randomly selected, 148 responded (response rate = 37%).

Thirty two seniors declined participation and 220 did not answer the phone.

4.1. Respondents' characteristics

The characteristics of the respondents are summarized in Table 1.

Table 1. Characteristics of the respondents

Characteristics		
Gender, n (%)	Female	100 (67.6)
	Male	48 (32.4)
Age, n (%)	60-65	15 (10.1)
	66-70	21 (14.2)
	71-75	26 (17.6)
	76-80	25 (16.9)
	81-85	28 (18.9)
	86-90	26 (17.6)
	> 90	7 (4.7)
Education, n (%)	< 12 years	31 (20.9)
	High school and/or College diploma	81 (54.8)
	Bachelor's degree	13 (8.8)
	Graduate and Post graduate	21 (30.2)
	Computer skills, n (%)	Not at all
	Basic level	53 (35)
	Advanced level	30 (20)
Occupation, n (%)	Full time	5 (3.4)
	Part time	5 (3.4)
	Occasional	1 (0.7)
	Volunteer	27 (18.2)
	Not working	108 (73)
Living arrangements, n (%)	Living alone	96 (64.9)
	Living with someone	50 (33.8)
	Senior's lodge	1 (0.7)
Annual income, n (%)	\$12,000-\$24,000	37 (25)
	\$25,000-\$36,000	35 (23.6)
	\$37,000-\$48,000	13 (8.8)
	\$49,000-\$60,000	13 (8.8)
	> \$60,000	11 (7.4)

Respondents' age and gender.

The majority of the respondents were female, 70 years or older. The distribution of gender was not the same across the categories of age cohorts (Figure 1) and in any given age category, the female respondents outnumbered male respondents. The only exception was in the age category of 81-85 in which male respondents' proportion was slightly higher than females by 7 percentage points.

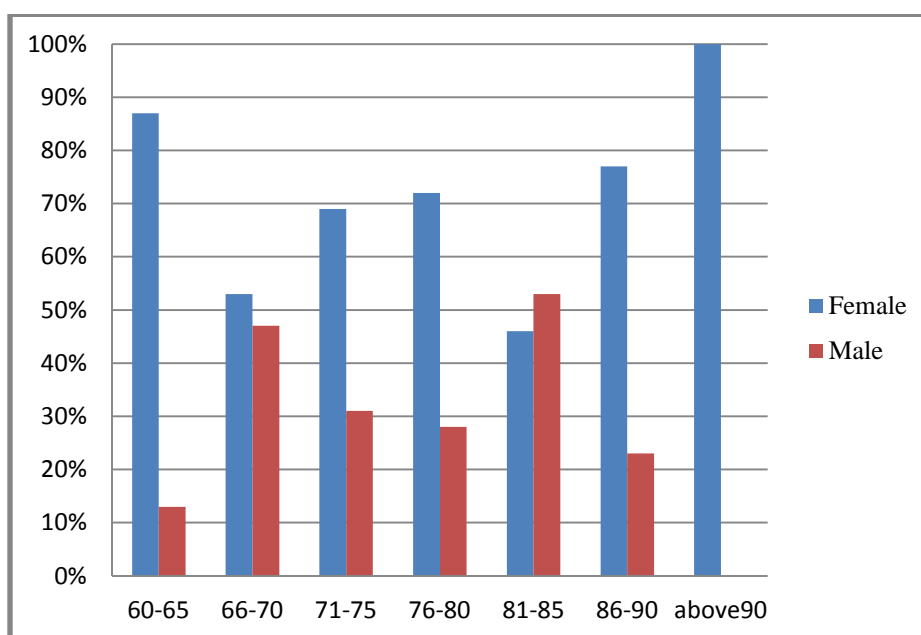


Figure 1. The percentage of male and female respondents in different age cohorts. The female respondents outnumber the male respondents almost in all of age cohorts.

Respondents' educational level.

The majority of the respondents (80%) reported at least a high school diploma (Table 1). The overall distribution of education was significantly associated with gender of the respondents ($\chi^2_6 = 21.654$, $p=0.001$). The results indicated that respondents with post-secondary education were, in the main, male. However, most of the respondents with a college diploma were female (Figure 2).

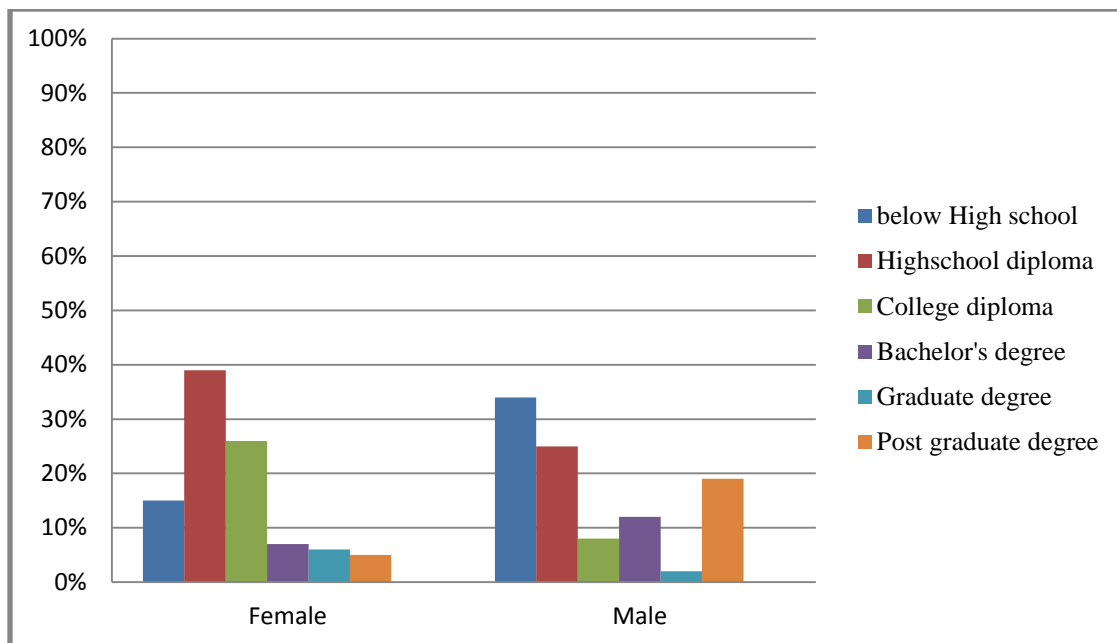


Figure 2. The distribution of education among male and female respondents.

Computer use was also of interest in this study. Using computers and the internet have become essential skills of modern life. Sage had initiated computer classes for seniors and it was important to estimate the number of seniors who might benefit from such programs. A little more than half of the respondents (55%) reported being able to use a computer. There was no association between computer skills and gender of the respondents ($\chi^2_2 = 7.901, p = 0.095$). Never-the-less respondents' computer skill was significantly associated with age ($\chi^2_{20} = 33.708, p = 0.028$). According to the results there were fewer respondents who could use a computer in older age cohorts (Figure 3).

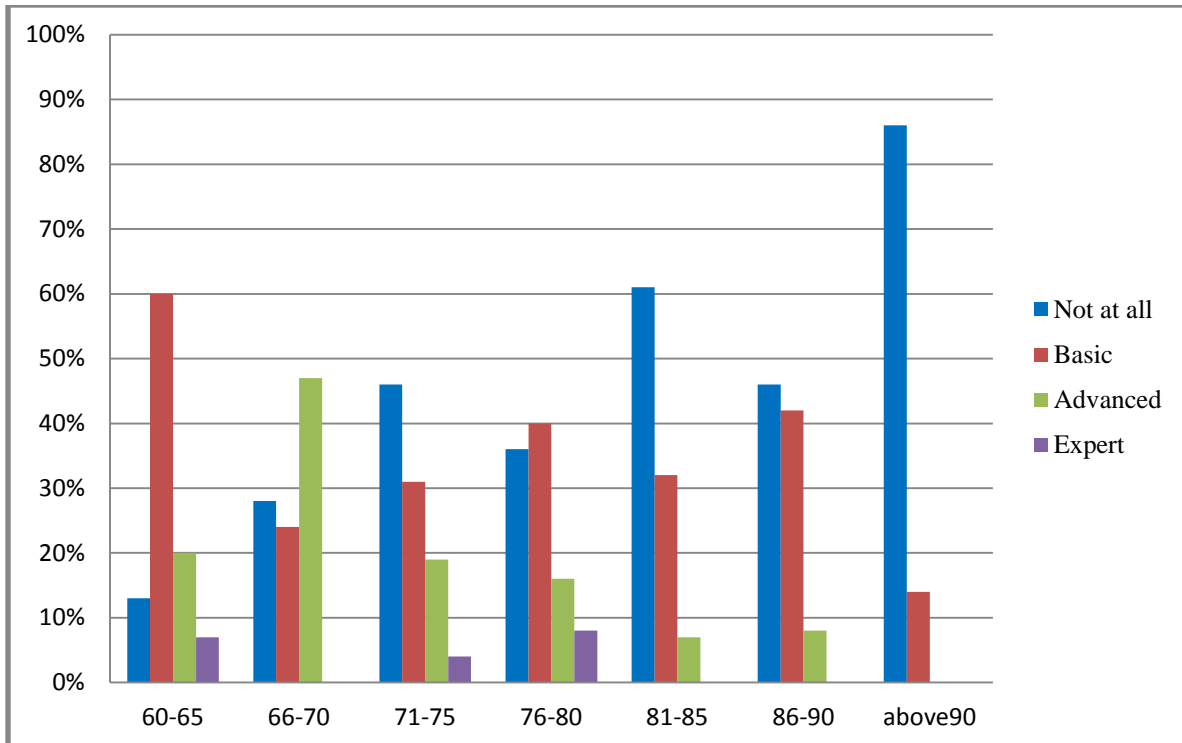


Figure 3. Distribution of computer skills across the categories of respondents' age. As the age of respondents increases the number of respondents who are not able to use a computer increases.

Less than half of the respondents (45%) reported using the internet. The internet use was significantly associated with gender and age. The results showed that more male respondents used internet than female respondents ($\chi^2_1 = 4.893, p = 0.021$). On the other hand there were more internet users among younger respondents ($\chi^2_6 = 17.126, p = 0.009$) (Figures 4 and 5).

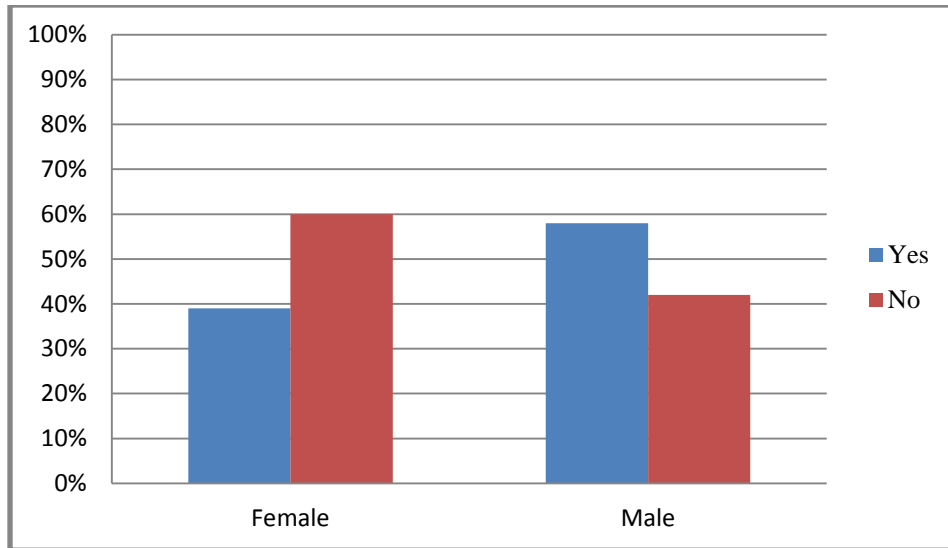


Figure 4. Distribution of using internet across the categories of the respondents' gender

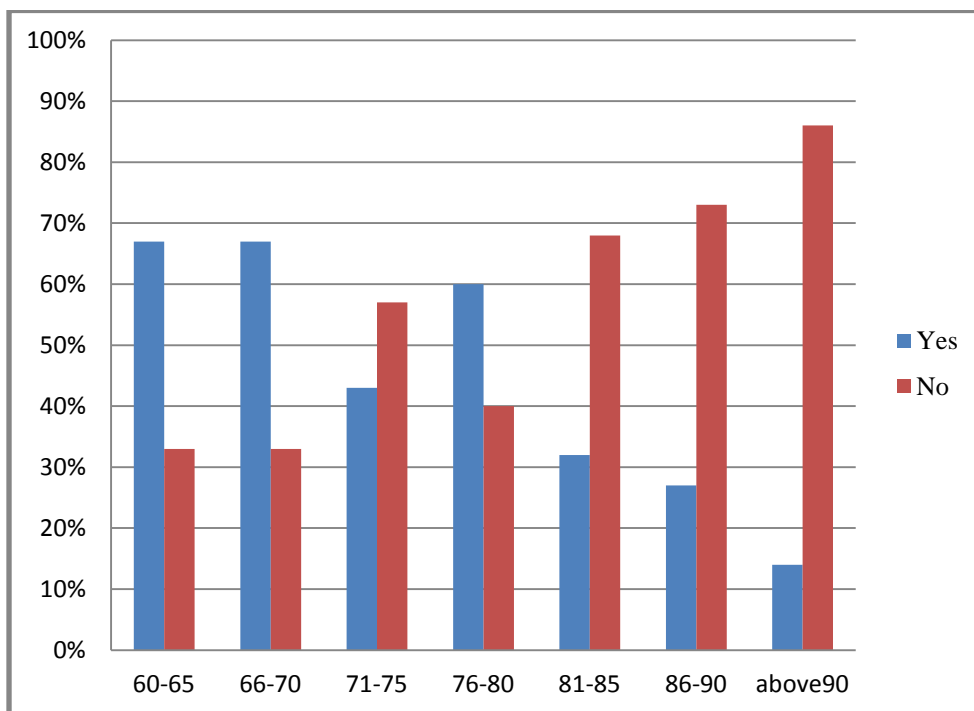


Figure 5. Distribution of using internet across the categories of respondents' age

Respondents' occupational status.

The majority of the respondents (73%) reported that they were not engaged in any form of employment or volunteering activities. The comparison of male and female responses indicated no association between gender and occupation ($\chi^2_6 = 6.444, p = 0.375$) (Figure 7). Moreover, No association was observed between occupational status and age of the respondents ($\chi^2_{36} = 45.245, p = 0.139$).

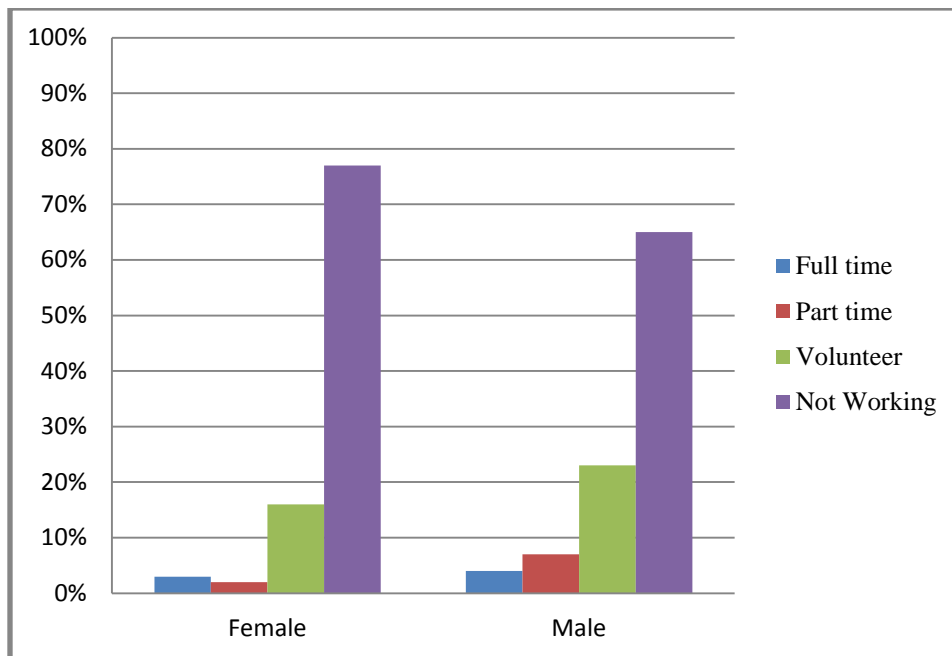


Figure 6. Distribution of occupational status across the categories of respondents' gender was similar.

Respondents' living arrangements and care giving responsibilities.

The majority of the respondents (64%) reported that they lived alone. The results indicated a significant association between living arrangement and gender of the respondents ($\chi^2_6 = 31.399, p = 0.000$). More than half of the male respondents (54%) reported that they lived with their spouse whereas this ratio was only 15% for female respondents (Figure 7).

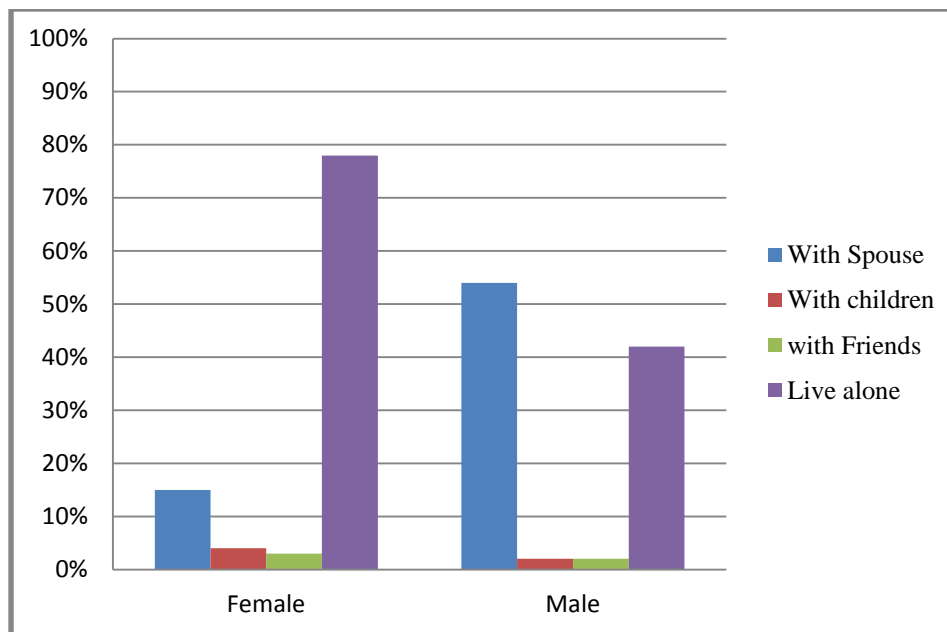


Figure 7. Distribution of living arrangements across the categories of participants' gender

Ten percent of the respondents were primary care giver of their spouse or an adult child with a disability. In all cases the family member lived in a long-term care setting. No significant association was observed between age or gender of the respondents and their caregiving responsibilities ($\chi^2_{12} = 6.901, p = 0.864$; $\chi^2_2 = 1.492, p = 0.474$). None of the respondents was primary caregiver of a child.

Respondents' annual income.

Most of the respondents had an annual income of less than \$36,000 (Table 1). The respondents' income was not significantly associated with gender or age ($\chi^2_5 = 6.373, p = 0.272$; $\chi^2_{30} = 27.659, p = 0.588$).

4.2. Reasons for becoming a Sage member

The majority of the respondents (62%) joined Sage because of the programs and services. Only 6% of the respondents said that they joined to use Sage membership benefits and almost 9% said that they joined Sage to meet other people.

About 13% of the respondents mentioned other reasons for becoming a Sage member that were not covered in the questionnaire. These reasons were as follow:

- being a senior
- being involved in activities related to seniors
- supporting Sage
- living near Sage
- finding Sage by chance

In addition to reasons for joining, it was of interest to know how respondents heard about the organization. This information can help Sage to promote its programs and services effectively. The majority of the respondents (31%) reported that they heard about Sage from their friends. About 8% said that they were referred to Sage by health care professionals and another 7% said that relatives introduced Sage to them.

About 9% of the respondents mentioned other sources that were not covered by the questionnaire:

- flyers and/or brochures
- public places such as library or other senior centers
- found Sage while looking for services
- saw the sign and walked in
- lived close to Sage
- referred to by someone working at Sage

4.3. Respondents' knowledge and usage of Sage programs and services

Currently Sage provides 19 programs and services to both members and non-member seniors. The data on the percentage of respondents who knew about these programs/services, if they used

any of them and their level of satisfaction with the programs that they used is summarized in Appendix 6.

According to the results Sage programs and services can be divided into four categories:

1. Services used by more than 25 percent of the respondents. These were Sunshine Café, Sage Savories Frozen Meals, Directory of Seniors Services, Sage Activities, and Sage Home Services.
2. Services used by 10 to 15 percent of the respondents, which were Income Tax Preparation Service, Volunteering Program, Sage Housing Service, and Sage Health Services.
3. Services used by 1 to 4 percent of the respondents. Sage Public Access Computers, Guardianship, Legal Clinic, Full House Hoarding Management Program, Seniors' Abuse Help Line, and Sage Social Work Service were in this category.
4. Services that none of the respondents reported using them. They were Sage Community Gardening Program, Sage Safe House, English as a Second Language Program, and Sage Multicultural Outreach Program.

The association between the responses and respondents' age, gender, income, and education was tested using Chi square test for independence. The results showed an association between use of Sage Savories Frozen Meals Service and age ($\chi^2_5 = 20.302, p = 0.001$) (Figure 9). Our results also indicated an association between using Sage Sunshine Café and gender ($\chi^2_1 = 5.478, p = 0.014$) (Figure 10). Participants' gender was also significantly associated with use of Sage home services ($\chi^2_1 = 4.111, p = 0.031$) (Figure 11).

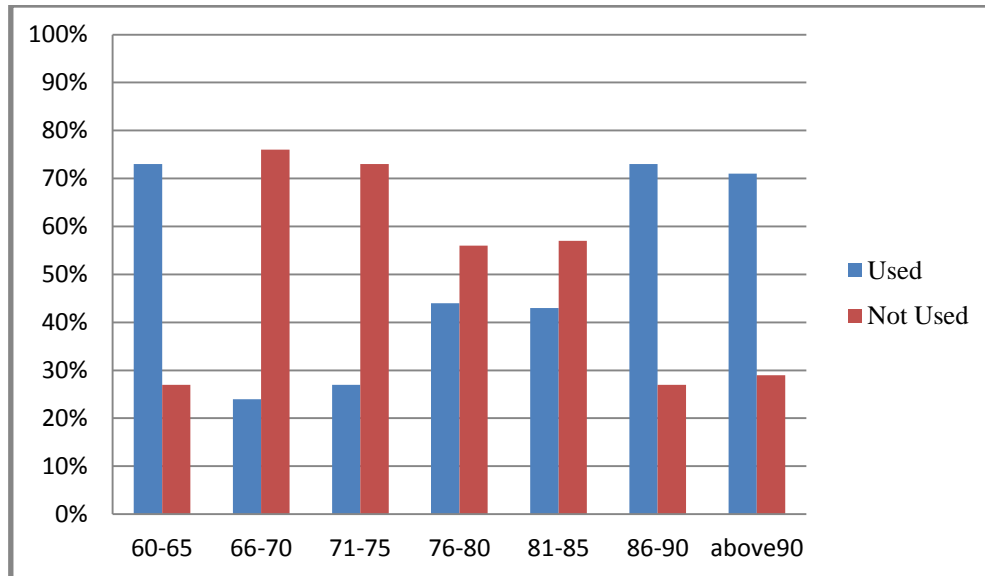


Figure 8. Distribution of use of sage savories frozen meals across the categories of respondents' age. The overall distribution was significantly different between younger cohorts and older cohorts. With increase in the age of the respondents, the number of the users of Sage savories increases.

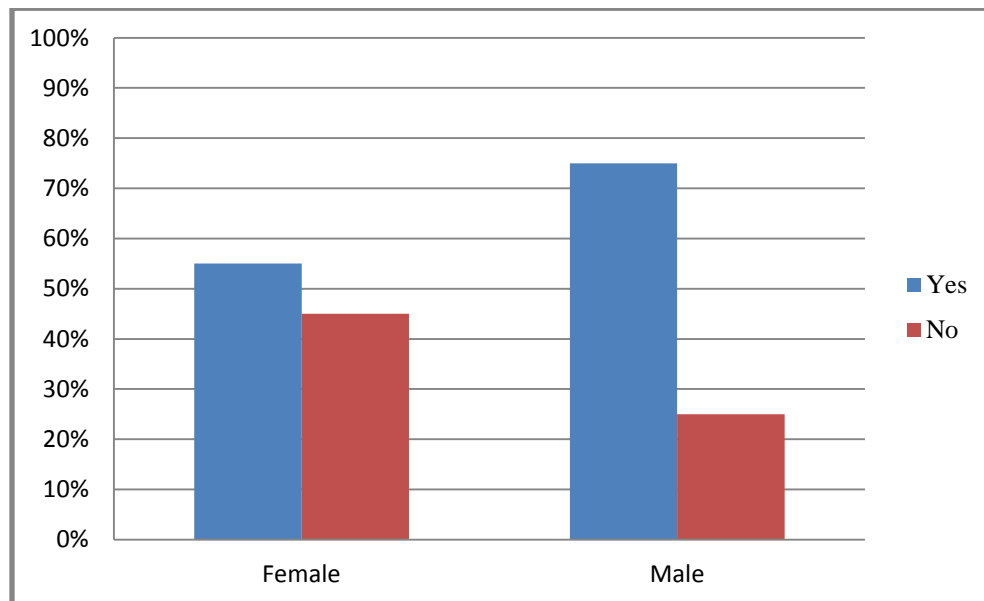


Figure 9. The distribution of use of Sunshine cafe' across the categories of respondents' gender. There were significantly more male respondents who reported using the cafe.

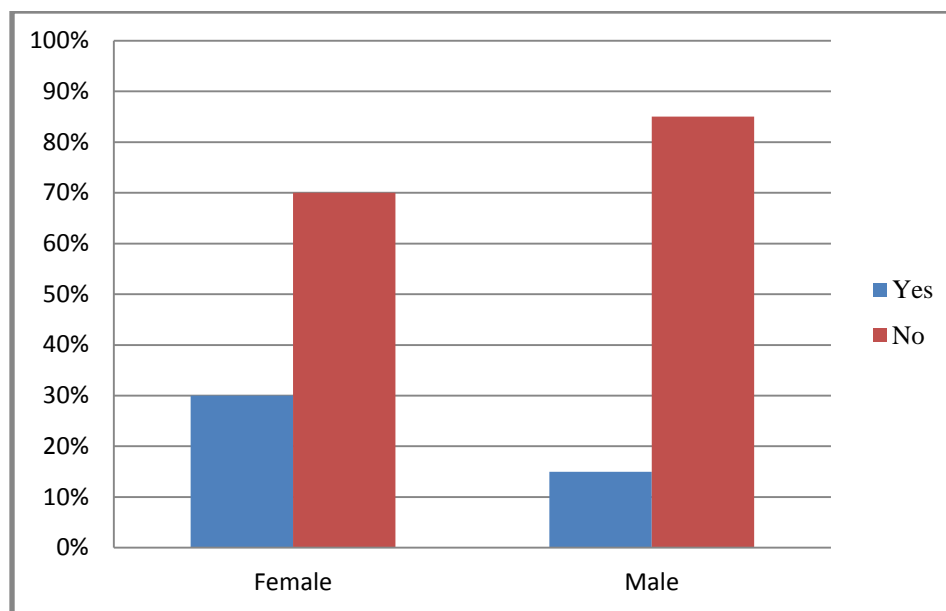


Figure 10. Distribution of use of Sage Home services across the categories of respondents' gender. More female respondents significantly use this program.

4.4. Respondents' opinion about Sage programs and services

Respondents made brief comments on the programs/services that they had used. A summary of the qualitative comments is presented here.

Sage housing services.

From fifteen respondents who had used Sage housing services, only two reported that they were not satisfied with Services they received. Based on their comments they did not receive the help they needed when they had contacted Sage. Also they said that the information sessions were “...a waste of time”.

Sage guardianship services.

Almost all of the respondents who used this service gave positive comments such as “*I have referred others*” or “*very helpful*”. Only one respondent expressed his/her dissatisfaction as: “*the girl was very irritating, talked like I was ignorant towards my mother's situation*”. Based on the majority of the comments it seems the respondents were satisfied with this service.

Sage legal clinic.

No comments were received on this service.

Sage home services.

Most of the respondents had a positive attitude toward this program. *“Very nice”, “I highly recommend it to others”,* and *“Housekeeping and yard work are very good”* are some of the recorded comments. Respondents who expressed their dissatisfaction with Sage Home services mentioned reasons such as *“unclear who to ask for help”* and *“hard to contact the service providers”*. Based on their comments, respondents were most unhappy with the process of getting connected to the service providers.

Sage savories frozen meals.

Sage Savories frozen meals was among the top most used services and most of the respondents were satisfied with the meals. Never-the-less many respondents were not happy with the fact that there was too much vegetable and less meat in the meals. There were also requests for gluten free meals and meals that were appropriate for seniors with diabetes.

Sage sunshine cafe'.

Most of the respondents who had used the cafe were pleased with the service they received. Respondents said that the cafe' was *"a good place to have food"* and *"the staff are very kind"*.

Sage social work service.

No Comments were received for this service.

This full house hoarding program.

Only 2% of the respondents used this program, nevertheless all said that they were satisfied with the program.

Community outreach program.

No comments were received on this program.

Sage community gardening program.

No comments were received on this program.

Sage health services.

Respondents were satisfied with this service in general. They mentioned a need for increasing the capacity of this service so that more seniors could have access to it. For instance one respondent said: *“I need these kinds of services if they were more accessible”*. Another respondent said: *“It is crowded; many people are using it; but [they provide] good service”*. These comments show that despite the need the services are not accessible enough to seniors due to limited capacity.

Directory of seniors’ services.

Most of the respondents had used the directory of seniors’ services. None of the respondents reported being dissatisfied with this service. Respondents said that they find the information in the directory very informative and helpful. They suggested a better arrangement of the information provided in the pages, for example grouping services as public versus private. One respondent suggested printing important phone numbers in Braille signs on the cover. Another senior suggested providing a hole in the directory so that she could hang it from the wall and find it easily whenever she needed it.

English as a second language program.

No comments were received on this program.

Sage public access computers.

No comments were received on this service.

Sage activities and clubs.

Sage activities and clubs were among the top most used services. Moreover the majority of respondents reported that they were pleased with them. Despite their interest in attending Sage

activities, a number of respondents mentioned that transportation to Sage is difficult for them. They said that if transportation had been provided, they would have attended Sage activities more frequently.

Sage tax preparation service.

Respondents who had used this service said that they were very pleased with it. They all expressed their satisfaction with positive comments such as “they are doing a very good job” and “I have referred my friends to it”.

Sage safe house.

No comments were received on this service.

Senior abuse help line.

No comments were received on this service

Sage volunteering program.

In general respondents were happy with the volunteering program. Transportation to Sage was the major issue for the ones who despite being interested could not volunteer for Sage.

4.5. Respondents’ opinion about Sage membership program

Respondents’ use of sage membership benefits.

Less than half of the respondents (41%) said that they had used Sage membership benefits. The majority of them (34 respondents) had used Sage newsletter, thirteen had used YMCA membership, seven respondents had used classes, and seven respondents had participated in movie and book clubs. The use of benefits was not significantly associated with respondents' gender ($\chi^2_2 = 0.338, p = 0.845$). However there was a significant association between use of benefits and age ($\chi^2_{10} = 24.050, p = 0.007$) (Figure 11).

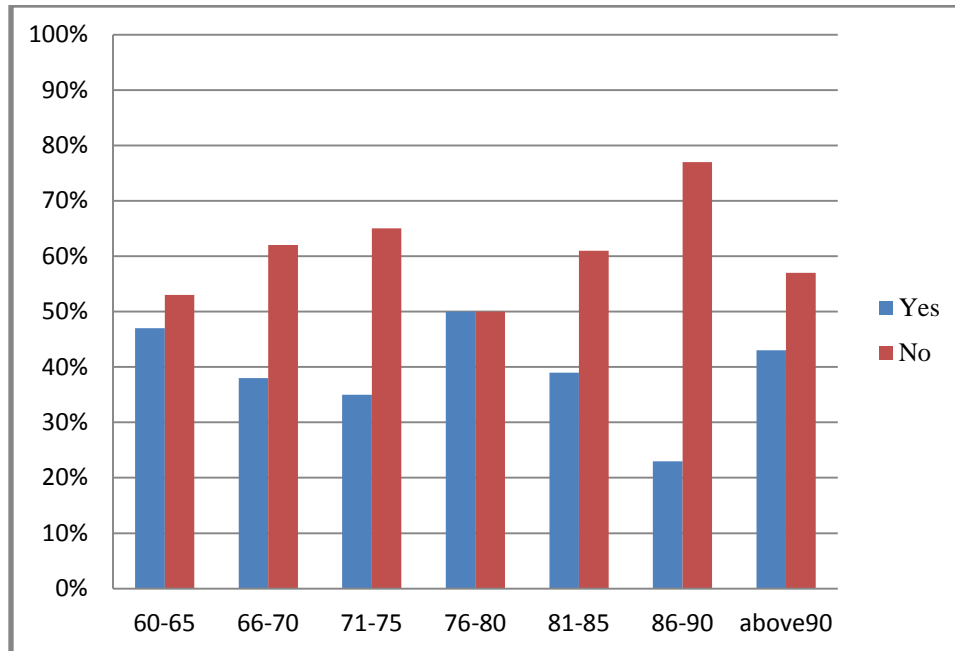


Figure 11. Distribution of use of membership benefits across the categories of participants' age. The percentage of non-users increases in older age cohorts.

More than half of the respondents (57.4%) said that they had not used any of the Sage membership benefits. They mentioned various reasons for not accessing their membership benefits that are summarized as below:

- Limited free time
- No need for these benefits
- Transportation difficulties
- Health issues
- Not interested
- Too old for these benefits
- They are with other organizations
- They did not know about them

In general most of the respondents who had used the benefits had a positive attitude toward Sage. Many positive short comments such as “*Sage is doing a good job*” or “*cannot think of*

anything else” were mentioned during the interviews. Some respondents suggested other benefits for Sage members that are summarized as follows:

- Transportation services for seniors
- Programs and services for younger retirees
- Discounts on/ free parking for members
- Discounts on home services
- Discount on home/ car /dental insurance
- Back care classes/ services
- Discount on bus passes and/or taxi
- Discount on live theatre and concerts in Edmonton

Respondents’ intentions to renew sage membership.

About one third of the respondents (27.7%) had life time membership. The majority of the rest (67% of total) said that they intended to renew their membership for the next year. Only 3 respondents said they did not plan to renew their membership because they were moving to another city.

From the 99 respondents who said they were planning to renew their membership, 68 said they would renew because of the following program and services (some mentioned more than one service):

- Sage frozen meals (22 responses)
- Sage activities, functions and trips (22 responses)
- Home Services (16 responses)
- Income Tax preparation (6 responses)
- Volunteering program (4 responses)

In addition, 5 respondents said that they thought they might need any of these services in future, 9 respondents said they would renew their membership in order to support Sage, and 5 respondents said they came to Sage to socialize. The rest of the respondents (31) did not give reasons for renewing their membership.

Respondents' opinions of the sage annual fee.

The Majority of respondents said that they were paying the right amount for the membership fee. Of the 6 respondents who believed the membership fee was high, only one mentioned the amount he/she would be willing to pay, which was \$15. On the other hand, 7 respondents said that they would be willing to pay an average amount of \$40 for annual Sage membership. There was no significant association between respondents' opinion on annual fee and their age, although more female respondents believed that the fees were too high ($\chi^2_{15} = 14.888, p = 0.46$; $\chi^2_3 = 8.565, p = 0.036$).

Respondents' opinion on recommending Sage membership to others.

Almost all of the respondents (96%) said that they will recommend Sage membership to their relatives and friends.

Chapter 5. Discussion

5.1. The Representativeness of the Respondents

Our main objective was to evaluate Sage members' profile and their opinion about Sage programs and services. For this reason it was important to make sure that our respondents truly represent Sage members' population. According to our initial sample size calculations (Appendix 1) a sample of 127 respondents was effectively large enough to represent 822 Sage members.

We randomly selected 400 phone numbers from Sage members list and 148 seniors responded to all questions, which is far more than our initial target. Based on this we can conclude that our sample size is representative of Sage population and the results of this survey can be generalized to all Sage members.

5.2. The Demographics and Socio-Economical Characteristics of Sage Members

Numerous studies have described the characteristics of seniors who use senior centers (Calsyn & Winter, 1999; Krout, Cutler, & Coward, 1990; Turner, 2004). These were as follows: being female, having lower income, better social interactions, and fewer health problems.

According to our findings most of the respondents were between 71 and 90 years old regardless of their gender. We observed that there were more respondents in older age cohorts. This 'age creep' has been also reported in other similar surveys and indicates that the number of older adults who are aging in their homes and using community resources is increasing (Krout et al., 1990; Turner, 2004). We also observed that female respondents out-numbered male respondents in all age cohorts. Most of the females (78%) lived alone, whereas more than half of the males lived with their spouse (54%). This can be explained by the fact that most women outlive their spouses (Calsyn & Winter, 1999). Also recent studies have shown an increase in the

number of divorces in later years (Krout et al., 1990). Another reason may be the nature of the programs at senior centers may be more attractive to females than males (Turner, 2004).

The majority of the respondents had at least a high school diploma. The distribution of education across categories of gender was significantly different. For example the percentage of female respondents with college diploma was higher whereas male respondents took the lead in university degrees. Krout et al. (1990) reported a curvilinear relationship between education and service use. Seniors with higher education (up to 12 years) participate more in center activities because they have more knowledge of senior centers, their roles, and the services that they provide. On the other hand, college educated seniors, although being more knowledgeable, are less attracted by the center activities or have opportunities for alternative activities (Krout et al., 1990).

We did not observe such a curvilinear relationship between education and service use among our participants. The distribution of service use was similar across the categories of respondents' education. The distribution of education was also similar across categories of respondents' age. The data suggest that education does not play any role in Sage members' decision on becoming a Sage member or using Sage services.

There were fewer respondents who were able to use a computer in older age cohorts. The same was true with using the internet. Although male and female respondents who were in the same age cohort had similar computer skills, there were more internet users among male respondents. The results suggest further studies to identify the reasons for this discrepancy. This information might help Sage to improve programs such as 'SeniorNet', a newly initiated program that teaches seniors how to use the internet to connect with their friends and families.

Most of the respondents were not engaged in any form of employment. On the other hand the majority of the respondents had low or moderate annual income. The data suggest that the

majority of members would benefit from programs and services that support seniors with low income such as affordable meals, discounted transportation, discounted home services, and especially medical and dental insurance plans for seniors. In addition, considering the fact that most of the respondents believed the current membership fee was fair, it is not recommended to increase the membership fee.

5.3. Joining Sage Membership Program

The majority of the respondents (62%) joined Sage in order to use programs and services. Only 6% of the respondents said that they had joined Sage in order to use the membership benefits. Sage programs and services are provided to both members and non-members whereas the membership benefits (i.e. the newsletter, YMCA membership discount, and access to book and movie clubs) are exclusively restricted to members. Our findings suggest that most of the Sage members do not know that they can access the programs and services without being a Sage member.

Respondents were also asked how they heard about Sage and the majority answered that they heard through friends. Seniors heavily rely on their network of friends in order to access information about services and resources (Aday, Kehoe, & Farney, 2006). Krout et al. (1990) also reported the important effect of friends' recommendation on seniors' participation in center activities.

5.4. Use of Programs and Services

The majority of respondents said that they joined Sage to use its programs and services, yet few of the respondents had actually used any of them. The services that were used by most of the respondents were meals service (Sunshine café and Savories), Sage activities, Directory of Seniors Services, and Sage Home Services. Similar findings have been reported by other

investigators. Turner (2004) reported the benefits that seniors gain from senior centers are nutrition, activities, socialization, and acquisition of vital information.

Most of the programs and services were used by less than twenty percent of the respondents. None of the respondents had used Sage Safe house, English as a Second Language, Community Gardening program, and Outreach Multicultural program. The results also indicated that many of the respondents (about 57%) had not used their membership benefits.

Respondents, simply, may not need these programs, services, or benefits. Some programs target specific groups of people and while being a necessary and important part of Sage, they may not be universally known or used. Moreover, it is possible that users of some particular programs such as English as a Second Language, which are provided to specific sub-groups of seniors, were out of the scope of the survey because members who would use such services may not have met the study's inclusion criteria.

Service use can be influenced by factors such as income, living arrangements, gender, age, and education (Krout et al., 1990). Our results showed that the percentage of seniors who had used Sage Savories frozen meals was greater in older age cohorts. This may indicate that seniors become more dependent on community meal services as they grow older. Exceptionally the percentage of users of Sage meals service was quite high among the youngest age cohort (almost 71%). The reasons for this difference need to be investigated in future studies.

We also observed that greater percentage of female respondents had used Sage Home Services while more male respondents said that they had used Sage Sunshine Cafe. Since neither of these services is gender specific, further evaluations may explain why male seniors tend to use different services compared to females. One hypothesis, for example, could be that male seniors depend more on Sage cafe because they have fewer culinary skills than females. Our results did

not show any relationship between income, living arrangements, or education and service use among Sage seniors.

5.5. Respondents' Satisfaction with Sage Programs and Services

Most of the respondents expressed their satisfaction with Sage programs and services. One third of the respondents had purchased a life time membership which shows their confidence in the organization. Further, all of the other respondents said that they were going to renew their membership for another year.

Very few seniors suggested additional programs and services that they may need or would expect Sage to provide. This is a common problem when self-report is used to identify seniors' needs. According to Sijwade (2001) many seniors may have experienced a difficult life when they were younger and see themselves as being fortunate compared to their parents at the same age. For example, today's seniors have access to numerous services and resources which were not available in the past. For this reason today's seniors may believe that they already receive all help that they need. Another reason may relate to response bias, in that the people who participated in the survey were satisfied with their services, whereas people who were not satisfied may have declined participation.

5.6. Limitations and Directions for Future Research

The sample for this study was restricted to Sage members. The findings of this study, therefore, cannot be generalized to other senior centers or non-member Service users at Sage.

Our questionnaire was too long; particularly section two, which may have resulted in fatigue of both surveyors and respondents during the interviews. Instead of the lengthy section on programs, respondents could have been asked to provide feedback on the programs and services that they have used rather than going through all programs and services provided by Sage.

Using numerous surveyors for a relatively small sample size can be considered as another limitation of the study. Initially we planned to train only 5 volunteer surveyors to minimize the inconsistencies in the interview style. However, we had to increase the number of surveyors to 12 in later stages. This was because of the fact that our surveyors were senior volunteers who were not able to conduct more than a limited number of interviews each. For this reason we had to recruit more surveyors than we originally had planned to share the work load between them. This might have resulted in some inconsistencies in data collection. For example some surveyors recorded answers to open ended questions word by word, whereas others recorded the main message of the comments.

Despite the valuable quantitative data obtained, lack of a true qualitative part restricted the depth of information collected in this study. Information such as the reasons for not using particular services, the value of Sage membership for seniors, and if Sage programs and services help seniors live independently in their homes are some of the areas that can be investigated through future qualitative studies.

This study evaluated general opinions of Sage members towards programs and services. Individual formative and summative evaluations are recommended for each program and service. Most of the respondents said that they did not need the majority of programs and services. A detailed and rigorous needs assessment is recommended to identify what programs and services are needed by them.

The focus of this study was on Sage members only. However, most of the seniors who use Sage programs and services are not members of this organization. A study of non-member service users' profile could provide insight on why these service users have not become Sage members.

Chapter 6. Summary and Conclusion

The objective of this study was to provide a descriptive picture of current Sage members and to gather their opinions about Sage programs and services. The findings were important for the Sage to improve their programs and services.

Based on our results we estimate that the majority of Sage members were single women between 70 and 90 years with an annual income less than \$35,000. Most of them have at least 12 years of education and very few are employed.

We also estimate that Sage Savories frozen meals, Sunshine Cafe', Directory of Seniors services, and Sage Home Services are used by most of Sage member. On the other hand most seniors who use Sage Safe House, Community Gardening program, English as a second language, and Multicultural outreach program are not Sage members.

Most of the members are not aware of the fact that they can access Sage programs and services without being a Sage member. On the other hand the majority of Sage members have not used any of their membership benefits. The majority of seniors who use Sage services are not Sage members.

The most common reasons for not participating in Sage activities are not having time, not being interested, and difficulty accessing Sage. The most common reason for not using Sage services and membership benefits is that respondents did not need these services or benefits at the time. Nonetheless these seniors expressed preference for retaining their membership with Sage for future needs.

This study provided information on the characteristics of Sage members. Individual formative and summative program evaluations are recommended for each program/service including all users regardless of their membership status. Future studies are recommended in order to identify

the profile of these clients and factors that may facilitate or prevent their joining Sage as a member.

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APPENDIX 1

Sample Size Calculations

The target sample size needed for the survey is calculated as below:

$$SS = \frac{t^2 s^2}{d^2}$$

Where SS stands for sample size

Where t = value for selected alpha level of .025 in each tail = 1.96 (the alpha level of .05 indicates the level of risk the researcher is willing to take that true margin of error may exceed the acceptable margin of error)

Where s = estimate of standard deviation in the population = 1.25

(estimate of variance deviation for 5 point scale calculated by using 5 [inclusive range of scale] divided by 4 [number of standard deviations that include almost all (approximately 98%) of the possible values in the range]).

Where d = acceptable margin of error for mean being estimated = .2 (number of points on primary scale, here 5, times acceptable margin of error, here .04)

Correction for Finite Population

$$\text{Corrected Sample Size} = \frac{\text{Sample Size}}{1 + \text{Sample Size}/\text{population}}$$

Where: pop = population

Based on the formula above for $\alpha=0.05$ and margin of error of .04 the sample size calculation is as follow

$$SS = \frac{(1.96)^2(1.25)^2}{(0.2)^2} = 149.76 \approx 150$$

This sample size is greater than 5% of the population therefore Cochran's (1977) formula should be used to calculate final sample size. To correct the calculated sample size for the finite population of 822 members the new sample size is calculated as follow

$$\text{New } SS = \frac{SS}{1 + \frac{SS}{pop}} = \frac{150}{1 + \frac{150}{822}} = 127$$

To compensate for the no responses a response rate of 50% is estimated. Based on that the initial drawn sample will be calculated as below:

$$\begin{aligned} \text{The initial sample size} &= \frac{\text{the target sample size}}{\text{the response rate}} \\ \frac{127}{0.5} &= 254 \end{aligned}$$

Based on the above to reach a sample size of 127 respondents with response rate of 50% an initial sample of 254 people should be drawn.

From: Bartlett, J.E., Kotrlik, J. W., & Higgins, C.C. (2001). Organizational research: determining appropriate sample size in survey research. *Information Technology, Learning, and Performance Journal*. 19(1), 43-50.

APPENDIX 2

Sage Membership Survey Questionnaire

ID..... Name.....Phone.....

SCRIPT

“Hello, I am a volunteer calling from SAGE. As you might already know we are running a telephone survey to improve our services and we would really appreciate your help. This program evaluation is a Joint project between SAGE and University of Alberta, Faculty of Rehabilitation Medicine.

Participation is voluntary. If you don't want to take part in the survey, that is fine. If you agree to take part and there are questions that you don't want to answer, that is also OK.

Participation in this survey has no direct personal benefits or risks for you. The information that you provide will help SAGE to improve their programs and services.

Only researchers from University of Alberta who are conducting the program evaluation have access to your responses. You can contact them if you have any concerns or questions regarding this survey. The program evaluation team members and their contact information are

1) Dr. Vivien Hollis, Professor at University of Alberta (780) 492 9268

2) Peyman Azad, Master Student at University of Alberta (780) 695 0447

If you have any questions or concerns about your rights as a respondent you can call the University of Alberta Research Ethics Office at (780) 492 2615.

Your name or telephone number will not appear on any report, paper, or any other publication based on this survey. Your identifying information will be removed from the response sheets and the responses will be kept in a locked cabinet at University of Alberta for 5 years and will be destroyed after that.

The survey will take about 20 minutes. If you have time, may I start asking you some questions?”

Instructions to surveyors:

If the respondent asks whether the conversation is recorded answer: “No the conversation is not recorded”

If the respondent said that he/she is busy at that time ask: “Can we call you another time”and then set another appointment.

If the person is not able to speak English, Hear your questions, or give relevant answers to the questions Read the script below and after that hang up the phone:

“Unfortunately due to some technical problems we are not able to continue the interview. If you still want to participate in the survey please contact Christine Poirier, the volunteers' coordinator at SAGE, at (780) 701-9015 to arrange for a face to face interview. Thank you very much for your time. I wish you a good day; Good bye.”

If the person on the phone does not agree to participate apologize for disturbing him/her and hang up.

If the person agrees to take part proceed with the questions.

1) If I am not wrong I am speaking to a:

- a) ___ Lady
- b) ___ Gentleman

2) As our first question can you please tell us why you joined Sage? **[read options as prompt if needed help]**

- a) ___ Services
- b) ___ Members benefits
- c) ___ Volunteering opportunities
- d) ___ Meeting people
- e) ___ Others.....

3) How did you first hear about Sage? **[read options as prompt if needed help]**

- a) ___ News Papers
- b) ___ Television
- c) ___ Radio
- d) ___ Friends
- e) ___ Relatives
- f) ___ Health care professionals
- g) ___ Internet
- h) ___ Cannot remember

i) ___ Others.....

4) Would you recommend SAGE membership to a friend/relative?

- a) ___ Yes
- b) ___ No

SCRIPT

"Now I am going to ask some questions about our programs and services.

There are 19 services and programs in total but we will probably pass over many of them quickly as you may not know, or may not have used, all of them.

For this section please tell me if you knew this service was available at SAGE and whether you have used it. For services that you have used, I will ask how satisfied you were with them. Are you ready?"

Please tell me if you have accessed any of the following services..."

Name of the service/ program	Did you know that this service/program was available?		Have you used this service/ program?		Consider 5 for being very satisfied and 1 for very dissatisfied; how do you rate your satisfaction with this service/program between 1 and 5?	Do you have any Feedbacks about this service/ program?
SAGE Housing Information Services	Yes	No	Yes	No	(1),(2),(3),(4),(5)	
SAGE Guardianship Services	Yes	No	Yes	No	(1),(2),(3),(4),(5)	
Legal Clinic	Yes	No	Yes	No	(1),(2),(3),(4),(5)	
Home services	Yes	No	Yes	No	(1),(2),(3),(4),(5)	

Name of the service/ program	Did you know that this service/program was available?		Have you used this service/ program?		Consider 5 for being very satisfied and 1 for very dissatisfied; how do you rate your satisfaction with this service/program between 1 and 5?	Do you have any Feedbacks about this service/ program?
SAGE Savories Frozen Meals	Yes	No	Yes	No	(1),(2),(3),(4),(5)	
SAGE Sunshine Cafe'	Yes	No	Yes	No	(1),(2),(3),(4),(5)	
Senior's social work services	Yes	No	Yes	No	(1),(2),(3),(4),(5)	
"This Full House" hoarding program	Yes	No	Yes	No	(1),(2),(3),(4),(5)	
Multi-cultural senior's out-rich program	Yes	No	Yes	No	(1),(2),(3),(4),(5)	

Name of the service/ program	Did you know that this service/program was available?		Have you used this service/ program?		Consider 5 for being very satisfied and 1 for very dissatisfied; how do you rate your satisfaction with this service/program between 1 and 5?	Do you have any Feedbacks about this service/ program?
Planting Roots Community Gardening Program	Yes	No	Yes	No	(1),(2),(3),(4),(5)	
Health services such as "foot care" and "flue clinic"	Yes	No	Yes	No	(1),(2),(3),(4),(5)	
Directory of Senior services	Yes	No	Yes	No	(1),(2),(3),(4),(5)	
The program, English as another language	Yes	No	Yes	No	(1),(2),(3),(4),(5)	
SAGE Public access to computers	Yes	No	Yes	No	(1),(2),(3),(4),(5)	

Name of the service/ program	Did you know that this service/program was available?		Have you used this service/ program?		Consider 5 for being very satisfied and 1 for very dissatisfied, how do you rate your satisfaction with this service/program between 1 and 5?	Do you have any Feedbacks about this service/ program?
Activities, clubs, groups and outings	Yes	No	Yes	No	(1),(2),(3),(4),(5)	
Income tax preparation	Yes	No	Yes	No	(1),(2),(3),(4),(5)	
Senior's safe house (for seniors experiencing abuse)	Yes	No	Yes	No	(1),(2),(3),(4),(5)	
Seniors abuse helpline	Yes	No	Yes	No	(1),(2),(3),(4),(5)	
Volunteer program	Yes	No	Yes	No	(1),(2),(3),(4),(5)	

4) Are there any other services/programs that you think should be provided by SAGE?

.....
.....
.....

5) Do you plan to renew your membership next year?

- a) Yes **[Proceed to question 7]**
- b) No **[Proceed to question 6]**
- c) Don't know

6) If "No" why?

.....
.....

7) If "Yes" is it because of any of the services/programs we discussed?

- a) Yes
- b) No

8) If "Yes", which services/programs in particular?

.....
.....

SCRIPT

"Currently SAGE offers its members the following benefits:

- 1) *Discounts for particular services such as YMCA gym membership*
- 2) *SAGE newsletter (LINK)*
- 3) *Participation in SAGE clubs (movie clubs, book clubs, etc)*
- 4) *Discount on registration for classes and courses, such as art classes"*

9) Have you used any of these benefits?

- 1) Yes **[Proceed to question 10]**
- 2) No **[Proceed to question 11]**

10) Which one(s)?

.....
.....

11) May I ask why?

.....

.....

12) Are there any other benefits that you would like SAGE to provide for its members?

.....

.....

13) Currently SAGE charges \$25 annual fee to cover the operational costs. Considering the current benefits for members, do you think this amount is:

- a) ___ just fine **[proceed to question 15]**
- b) ___ too high **[proceed to question 14]**
- c) ___ too low **[proceed to question 14]**

14) What amount do you think would be appropriate for SAGE membership fee?

SCRIPT

"OK; the following information will help us to provide more appropriate services and programs for our members according to their demographic information..."

15) As you know different age groups have different needs and expectations. To be able to provide better services for our members we need to know which of the following age groups you belong to:

- a) ___ 60-65
- b) ___ 66-70
- c) ___ 71-75
- d) ___ 76-80
- e) ___ 81-85
- f) ___ 86-90
- g) ___ Above 90

16) What is the highest educational level that you have completed? **[do not read out the options]**

- a) ___ High school diploma
- b) ___ College diploma
- c) ___ Bachelor's degree
- d) ___ Graduate studies
- e) ___ Post graduate and higher
- f) ___ Others

17) Are you working? **[Do not read out the options. If the interviewee does not mention volunteering at all, ask if she/he works as a volunteer. Mark as many answers as the interviewee says]**

- a) ___ Yes, in paid employment, full time
- b) ___ Yes, in paid employment, part time
- c) ___ Yes, in paid employment, occasionally/periodically
- d) ___ Yes, as a volunteer

e) No, I am not working

18) Who do you live with? **[read options as prompt if needed help]**

- | | |
|--|--|
| a) <input type="checkbox"/> Spouse | e) <input type="checkbox"/> Other relatives |
| b) <input type="checkbox"/> Partner | f) <input type="checkbox"/> Friend |
| c) <input type="checkbox"/> Children | g) <input type="checkbox"/> I live on my own |
| d) <input type="checkbox"/> Grand children | |

19) Are you a primary care giver for anybody with a disability or illness?

- a) Yes **[Proceed to question 20]**
 b) No **[proceed to question 21]**

20) Would you mind telling us who?

.....

21) Are you a primary care giver for a child?

- a) Yes **[proceed to question 22]**
 b) No **[proceed to question 23]**

22) Would you mind telling us who?

.....

23) How well can you use a computer?

- a) Not at all
 b) Basic level (e-mail, typing)
 c) Advanced level (e.g. using specialized software such as Photoshop)
 d) Expert Level (e.g. programming computers and writing software)

24) Do you use internet?

- a) Yes
 b) No

25) If you use internet, what do you use it for? **[Prompt: for example e-mail; social networks such as face book and twitter; or researching topics of interest such as health issues?]**

.....

.....

26) How would you like to receive communication materials, such as the newsletter, from SAGE?

- a) ____ Mail
- b) ____ E-mail
- c) ____ Pick it up at SAGE in person

27) I'm coming to the last question and you do not have to answer it if you don't want to, however the information will help us plan future programs. Would you mind telling us the range of your annual income?

- a) ____ \$12,000-\$24,000
- b) ____ \$25000-\$36000
- c) ____ \$37,000-\$48,000
- d) ____ \$49,000-\$60,000
- e) ____ More than \$60,000
- f) ____ I don't want to answer this question

SCRIPT

"Thank you very much for participating in our survey. You will be informed about the results of this survey in a short report in the SAGE newsletter, LINK. Have a good day!"

APPENDIX 3

Ethics Approval Form

Date: July 12, 2011
Principal Investigator: [Vivien Hollis](#)
Study ID: [Pro00022280](#)
Study Title: Seniors Association Of Greater Edmonton: Survey of Members' Profile and Benefits of membership
Approval Expiry Date: July 10, 2012

Thank you for submitting the above study to the Health Research Ethics Board - Health Panel. Your application, including revisions received July 11, 2011, has been reviewed and approved on behalf of the committee.

A renewal report must be submitted next year prior to the expiry of this approval if your study still requires ethics approval. If you do not renew on or before the renewal expiry date, you will have to re-submit an ethics application.

Approval by the Health Research Ethics Board does not encompass authorization to access the patients, staff or resources of Alberta Health Services or other local health care institutions for the purposes of the research. Enquiries regarding Alberta Health Services administrative approval, and operational approval for areas impacted by the research, should be directed to the Alberta Health Services Regional Research Administration office, #1800 College Plaza, phone (780) 407-6041.

Sincerely,

Dr. Jana Rieger
Chair, Health Research Ethics Board - Health Panel

Note: This correspondence includes an electronic signature (validation and approval via an online system).

APPENDIX 4

Survey Blurb on Sage News Letter (LINK)

SageLINK

Seniors Association of Greater Edmonton January/March 2011

15 Sir Winston Churchill Square Edmonton Alberta T5J 2E5



Winter at Sage



Do you know an Edmonton area senior who is making a special contribution to our community?

presented by  servus credit union

NOMINATE A SENIOR FOR A Sage AWARD!

NOMINATIONS DEADLINE: JANUARY 14, 2011

Awards Categories:

Social Justice & Peace • Science & Technology • Health & Wellness • Business & Entrepreneurship
Community Building • Education Arts & Culture • Public Service • Sports & Leisure • Environment

Nominees and Award Recipients will be honoured at our fifth annual Sage Awards Luncheon Celebration held on May 11, 2011

Nomination forms are available:

- Sage 780.701.9009 or jnoonan@mysage.ca
- Online at www.MySage.ca • Edmonton Area Servus Credit Union Branches






Planting Roots is the **Sage** community gardening project at Queen Mary Park. It welcomes community members and seniors from all cultures. **Sage** provides garden space, water and encouragement for people to grow their own organic produce and flowers. For more information call Debby Marcus at 780-701-9018. The program would not be possible without the generous support of the **Canadian Multicultural Education Foundation** and the **Rotary Club of Edmonton** nor without the guidance and coordination of Maureen Ellhatton. Thank you all.

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For more information visit www.MySage.ca, email info@MySage.ca or call 780-423-5510 1

In order to access the income tax programs, income levels must be in the range of \$35,000 or less for singles, and \$40,000 or less for a couple. Tax returns cannot include income from rented property, farming or capital gains, except for capital gains reported on a slip such as a T3 or T5.

What to bring when you come:

- The 2010 tax package if you receive one.
- Your 2009 tax return, if possible
- All your information slips (T3, T4, T5)
- Information about any other income not included on a "T" slip)
- Receipts for medical expenses. (A printout for the year from your pharmacist is ideal for prescription expenses).
- Receipts for charitable donations
- Bus pass receipts for monthly or annual passes

Couples returns should be completed together. If we are completing the return of only one member of a couple, you must provide the name, Social Insurance Number, birth date and net income of your spouse.

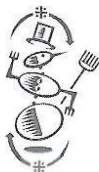
To make an appointment, call 780-423-5510 beginning February 14, 2011

Income Tax Volunteers

If you are interested in assisting in this program by preparing income tax returns a few hours per week, please contact Christine Poirier, Volunteer Services Coordinator at 780-701-9015.

Previous experience in completing tax returns is required. Training on tax software and information on changes for the 2010 tax year will be provided to all tax volunteers.

For more information about this program, contact Colleen Jahns, Finance Coordinator at 780-701-9003 or Christine Poirier, Volunteer Services Coordinator at 780-701-9015.



VOLUNTEERING ...

Come VOLUNTEER, make friends, and be a part of a community and help others.

Sage is looking for friendly people who want to learn. People just like YOU!

Opportunities available include:
Reception, Home Services Clerk,
This Full House Assistant,
And Drivers (vehicle provided).

Call Christine at 780-701-9015 to get involved.



Edmonton Oilers Community Foundation and **Sage** are teaming up to help the **Sage Seniors Safe House**.

On April 5, 2011, **Sage** will host a 50/50 raffle as the Edmonton Oilers battle the Vancouver Canucks

You can be part a part of the action!
It's easy, it is fun and it will help support **Sage**.

Contact Christine at 780-701-9015 for more info.

In 2011 **Sage** will be undertaking a Membership Survey to find out what YOU really want. We will ask you a variety of questions about your likes, dislikes, thoughts for the future and what you see as important. **Sage** is an innovative service provider and this is just one of the many ways we can anticipate your needs and desires.

The Garden

Written by Kevan Lyons – the poet of Churchill Square and Member of **Sage**

I sit in my Garden among
The trees and flowers
Tucked away from the busy street
Hid between the office towers
The birds visit me to feed
They do not judge my way
Hopping at my feet they sing
And do not mind I stay
They know me as a safe
And unassuming man

APPENDIX 5

SAGE Membership Telephone Survey information notice

This summer **Sage** is running a **telephone survey** in order to evaluate current programs and services provided to our valuable members. The survey is a joint project between Sage and University of Alberta, Faculty of Rehabilitation Medicine, to answer the following questions:

- 1) How satisfied our members are with current programs and services provided by Sage?
- 2) Are there any programs and/or services needed by our members that are not currently provided?
- 3) How valuable is Sage membership for our current members?

Our **Volunteers** may call you **between 9:00 am and 8:30 PM in July or August.**

Each call takes approximately **20 minutes**. It is completely **voluntary to participate** in this survey; however your assistance in providing feedback on our programs and services is highly appreciated.

Our goal is to improve the quality of our programs and services on a daily basis. Your participation in this survey will assist us to meet this mandate.

Thank you very much

Sage Program Evaluation Team

APPENDIX 6
Distribution of respondents' familiarity, use, and satisfaction with Sage programs/services

Name of the service	% know	% used	Frequency of Satisfaction Scores:				
			Very Dissatisfied	Dissatisfied	Neither Satisfied/Dissatisfied	Satisfied	Very Satisfied
Sunshine Café	84.5	61.5	2	1	10	24	53
Savories	93.2	47.3	0	1	17	13	39
Directory	70.9	32.4	0	0	7	12	26
Activities	85.8	31.8	0	2	6	8	30
Home Services	74.3	25	4	2	1	10	20
Income Tax	73	14.2	0	0	1	3	17
Volunteering	76.4	12.2	0	0	2	4	13
Housing	71.6	10.1	1	1	2	4	7
Health Services	58.1	10.1	0	2	2	2	9
Public Computers	63.5	4.1	0	0	0	2	4
Guardianship	38.5	4.1	0	1	5	0	0
Legal Clinic	50	2.7	1	0	0	2	1
Full House Hoarding Management	39.2	2	0	0	0	1	2
Senior Helpline	52	1.4	1	0	1	0	0
Social Work	47.3	1.4	0	0	0	0	2
Safe House	62.8	0	0	0	0	0	0
Gardening	45.9	0	0	0	0	0	0
English Program	42.6	0	0	0	0	0	0
Multicultural	39.2	0	0	0	0	0	0